

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026775

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

317

Primary Registration District No.

590500

Registrar's No.

1920

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4039

2 4006

3

4 1

5 2

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9 420.1

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12 86-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FILED JUL 1 1963

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Johns

Length of stay in 1b

9 Months

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR

INSTITUTION

Rough Manor

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before

a. STATE

Mo

b. COUNTY

St. Louis

( ) admission

c. CITY

OR

TOWN

University City

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

(If outside, give location)

7261 Olive St. Road

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

Leona (Lena) Hazel Smith

4. DATE

OF

DEATH

Month

June

13, 1963

Day

Year

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐

Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1/15/1883

9. AGE (last birthday)

80

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

House Wife

10b. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Conrad Reineke

13b. MOTHER'S MAIDEN NAME

Bertha Naumann

14. NAME OF HUSBAND OR WIFE

Frank W. Smith, Sr

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of

No

None

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mr F. Willard Smith, Jr # 20 Robindale

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN

ONSET AND DEATH

1 hour

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b)

Arterio - Sclerotic - Cardio Vascular

DUE TO (c)

Disease

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

PART III. If deceased was female was  
there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY

PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐

None

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF

INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,

farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from Sept 1962 to 6-13-63 and last saw her alive on 6-1-63

Death occurred at 12:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Cecilia J. Kearney M.D.

22b. ADDRESS

860 N. Woodlawn

22c. DATE SIGNED

6-14-63

23a. BURIAL, CREMATION,

REMOVAL (Specify)

Burial

23b. DATE

6/15/63

23c. NAME OF CEMETERY OR CREMATORY

Valhalla Cemetery

23d. LOCATION (City, town, or county)

St. Louis Co, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Alexander & Sons 6175 Delmar Blvd

25. DATE RECD. BY LOCAL REG.

6-14-63

26. REGISTRAR'S SIGNATURE

John E. Murphy M.D.

USE BLACK INK  
OR  
TYPEWRITER RIBBON

207780-000

Dr. Allen McNearney

860 Woodlawn

Yo. 6-2026

12 Noon

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon D. Vadder

Licensed Embalmer No. 5031

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

9204  
11004

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